

# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	Dalagaa	80:10.1	LICENSE NUMBER
Sandurs Estates AFH	Rebecca	barrey	751907

**NOTE:** The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see <a href="Chapter 388-76"><u>Chapter 388-76</u></a> of Washington Administrative Code.

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# About the Home 1. PROVIDERS STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. We aim to provide a home community that strives to offer a holistic approach to meeting each resident's medical, social and emotional needs. 2. INITIAL LICENSING DATE April 7th, 2011 4. SAME ADDRESS PREVIOUSLY LICENSED AS: 524 160th st E, Tacoma wa 98445 5. OWNERSHIP Sole proprietor Limited Liability Corporation Co-owned by: Other:

# **Personal Care**

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

# 1. EATING

If needed, the home may provide assistance with eating as follows: Set up assistance, physical assistance, special diet manitoring and preparations, along with other tasks as delegated by an RNC such as medication administration, applying medicated creams and diabetes and 2. TOILETING

If needed, the home may provide assistance with toileting as follows: Set up assistance, stand-by assistance, physical assistance and complete incontinence care

# 3. WALKING

If needed, the home may provide assistance with walking as follows: Cueing, stand by assistance, physical assistance, ROM exercises, assistance with completing a PT routine (as set up and monitored by a physical ynerapist.

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Cueing, stand-by assist, hands on physical assistance, use of hover lift and other assistive devices

### POSITIONING

If needed, the home may provide assistance with positioning as follows: 5+and-by assist full assistance in chairs, wie or in bed and use of pillows or other positioning devices

# 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Set up. cueing, stand-by assistance, full assist and complete care of all personal hygiene tasks.

# 7. DRESSING

If needed, the home may provide assistance with dressing as follows: Set up assistance, cueing, stand-by assistance, partial assistance, full hands on assistance and complete hands on care of all dressing wasks.

## 8. BATHING

If needed, the home may provide assistance with bathing as follows: Set up assist, cueing, stand-by assistance, partial assistance, full assistance and complete hands on coure of all bathing tasks

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

# **Medication Services**

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is: The name can provide all medication set -up tasks for residents who are capable of Self-administration of medications and can provide further assistance with all medications and medications tasks allowed under ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES une direction of a nurse delegator, these tasks madinglude altering and medications, assisting with the applications of topical medications prividing assistance with set-up and administration of draps, inhalers, sprays, and diabetes monitoring and injections.

Skilled Nursing Services and Nurse Delegation  If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapte 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing can and service, or hire or contract with a nurse to provide nurse degation. (WAC 388-76-10405)  The home provides the following skilled nursing services: \$\frac{1}{2}\text{lifed nursing Services}\$\text{lifed nursing DeLEGATION}\$\text{lifed nursing Services}\$\text{lifed nursing Services}\$\text{lifed nursing Services}\$l
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Licensed practical nurse, days and times:
Certified nursing assistant or long term care workers, days and times: 24 nurs a day 7 days a
Awake staff at night week.
Other:
ADDITIONAL COMMENTS REGARDING STAFFING
Cultural or Language Access
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide
informational materials in a language understood by residents and prospective residents (Chapter 388-76 various
sections)
The home is particularly focused on residents with the following background and/or languages: The home speaks English and is welcome to all cultural backgrounds.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)
☐ The home is a private pay facility and does not accept Medicaid payments.
The home will accept Medicaid payments under the following conditions: The home will consider accepting Medicaid as able for those residents who have continued on private pay for at least a period of two consecutive years.
ADDITIONAL COMMENTS REGARDING MEDICAID
Activities
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).
The home provides the following: In home activities often include gardening arts and crafts, spa days, card and board games, exercising, baking, neighborhood walks, Holiday and birthday parties, waterigns local sporting events, made nights, musicing
ADDITIONAL COMMENTS REGARDING ACTIVITIES beautician services, discussing local events and reading the paper and the Set up of faith based visits. The home can also assistance with planning individual autside
appoitments and activities